

**UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOIS**

JUAN GONZALEZ and LORENA
GONZALEZ,

Plaintiffs,

v.

PIONEER INDUSTRIAL SYSTEMS, LLC,

Defendant.

Case No.: 15-cv-11583

PIONEER INDUSTRIAL SYSTEMS, LLC

Third-Party Plaintiff,

v.

MENARD, INC.,

Third-Party Defendant.

DECLARATION OF JEFF SACIA

I, Jeff Sacia, declare as follows:

1. I am the Director of Credit Card Operations of Menard, Inc. ("Menard"). In that role, I am responsible for, among other matters, administration of our credit card program, authorized representative to sign discovery on behalf of the corporation and general administrative matters. I am over the age of 21 years, am under no disability, and am competent to testify to the matters contained in this affidavit. The statements made in this affidavit are based on my own personal knowledge as well as my review of records, reports, and other data



compilations made and kept in the ordinary course of Menard's business. If called to testify as a witness, I would testify as follows:

2. Menard is a corporation organized under the laws of the State of Wisconsin. Menard Inc.'s headquarters and principal place of business are located in Eau Claire, Wisconsin.

3. Menard was incorporated as a business in the State of Wisconsin.

4. Menard is a Mid-West retailer of hardware products with stores located only in the following Midwestern states: Ohio, Kentucky, Indiana, Michigan, Wisconsin, Illinois, Minnesota, Iowa, Missouri, North Dakota, South Dakota, Nebraska, Kansas and Wyoming.

5. A part of the Menard's corporate structure is a manufacturing division known as Midwest Manufacturing. Midwest Manufacturing has been a division of Menard, Inc.

6. Midwest Manufacturing is not a separate corporate entity. The division is neither licensed, registered, qualified, nor authorized to do business as a separate entity in any state.

7. Midwest Manufacturing does not maintained a separate authorized agent for service of process in any state.

8. As shown in Exhibit A, under our insurance declaration page, Midwest Manufacturing is identified as one of our named insured.


I declare that the foregoing is true and correct to the best of my knowledge, information, and belief.

Executed this 21 day of October, 2016 in Eau Claire, Wisconsin.



Jeff Sacia
Director of Credit Card Operations
Menard, Inc.

Subscribed and Sworn before me
this 21st day of October, 2016.



Todd L. Lemanski
Notary Public- State of Wisconsin
My Commission is permanent.



EXHIBIT A

Confidential

POLICY NUMBER: ~~CSA 3907779~~

COMMERCIAL GENERAL LIABILITY
CG DS 01 10 01

COMMERCIAL GENERAL LIABILITY DECLARATIONS

QBE INSURANCE CORPORATION	AON RISK SERVICES COMPANIES INC
NAMED INSURED: <u>MENARD INC AS PER SCHEDULE</u>	
MAILING ADDRESS: <u>5101 MENARD DR</u> <u>EAU CLAIRE WI 54703</u>	
POLICY PERIOD: FROM <u>11/01/2011</u> TO <u>11/01/2012</u> AT 12:01 A.M. TIME AT YOUR MAILING ADDRESS SHOWN ABOVE	

IN RETURN FOR THE PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY, WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

LIMITS OF INSURANCE		
EACH OCCURRENCE LIMIT	\$	
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	Any one premises
MEDICAL EXPENSE LIMIT	\$	Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	Any one person or organization
GENERAL AGGREGATE LIMIT	\$	
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	

RETROACTIVE DATE (CG 00 02 ONLY)

THIS INSURANCE DOES NOT APPLY TO "BODILY INJURY", "PROPERTY DAMAGE" OR "PERSONAL AND ADVERTISING INJURY" WHICH OCCURS BEFORE THE RETROACTIVE DATE, IF ANY, SHOWN BELOW.

RETROACTIVE DATE:

(ENTER DATE OR "NONE" IF NO RETROACTIVE DATE APPLIES)

DESCRIPTION OF BUSINESS	
FORM OF BUSINESS:	
<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP
<input type="checkbox"/> JOINT VENTURE	<input type="checkbox"/> TRUST
<input type="checkbox"/> LIMITED LIABILITY COMPANY	<input checked="" type="checkbox"/> ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)
BUSINESS DESCRIPTION: <u>RETAIL STORES</u>	

Confidential

Confidential

ALL PREMISES YOU OWN, RENT OR OCCUPY	
LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY
	COMPOSITE RATED PER IL 7026L-2

CLASSIFICATION AND PREMIUM							
LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/Ops	Prod/Comp Ops	Prem/Ops	Prod/Comp Ops
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
			\$	\$	\$	\$	\$
STATE TAX OR OTHER (if applicable)						\$	
TOTAL PREMIUM (SUBJECT TO AUDIT)						\$	
PREMIUM SHOWN IS PAYABLE:						\$	
AT INCEPTION						\$	
AT EACH ANNIVERSARY						\$	
(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)							
AUDIT PERIOD (IF APPLICABLE)				<input checked="" type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY

ENDORSEMENTS
ENDORSEMENTS ATTACHED TO THIS POLICY: PER IL 7026L-1 0111

THESE DECLARATIONS, TOGETHER WITH THE COMMON POLICY CONDITIONS AND COVERAGE FORM(S) AND ANY ENDORSEMENT(S), COMPLETE THE ABOVE NUMBERED POLICY.

Countersigned:	By:
(Date)	(Authorized Representative)

Confidential

Confidential

0673967779

ENDORSEMENT

NAMED INSURED IS

MENARD INC
MIDWEST MANUFACTURING

[REDACTED]

IL 7026M - 0111

Page 1 of 1

Confidential